THED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

w.uspto.go

NOTICE OF ALLOWANCE AND FEE(S) DUE

26646

7590

07/25/2006

KENYON & KENYON LLP ONE BROADWAY NEW YORK, NY 10004

EXAMINER CHANG, CELIA C

PAPER NUMBER

ART UNIT 1625

DATE MAILED: 07/25/2006

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/841,025	04/24/2001	Judith Aronhime	1662/52602	6176

TITLE OF INVENTION: ZOLPIDEM HEMITARTRATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/25/2006

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correct maintenance fee notifica	ed below or directed oth	erwise in Block I, by (a	a) specifying a new corre	spondence address;	and/or (b) indicating a sep	parate "FEE ADDRESS" for
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bl	ock 1 for any change of address)	Fee pap	(s) Transmittal. Thi ers. Each additional	s certificate cannot be used I paper, such as an assignm	for any other accompanying
ONE BROADW	KENYON LLP /AY	/2006		Cer	tificate of Mailing or Tran	smission g deposited with the United rst class mail in an envelope above, or being facsimile date indicated befow.
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings fee(s) Transmittal. This certificate cannot be used for any other accompagers. Each additional paper, such as an assignment or formal drawing have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an eraddressed to the Mail Stop ISSUE FEE address above, or being far transmitted to the USPTO (571) 273-2885, on the date indicated below. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 109/841.025 04/24/2001 Judith Aronhime 1662/52602 6176 FITLE OF INVENTION: ZOLPIDEM HEMITARTRATE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE	(Depositor's name)					
				.		(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
		RTRATE	Judith Aronhime		1662/52602	6176
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/25/2006
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	1		
CHANG,	CELIA C	1625	514-300000	J		
Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	ication (or "Fee Address")2 or more recent) attach ND RESIDENCE DATA less an assignee is identi h in 37 CFR 3.11. Comp	'Indication form ed. Use of a Customer A TO BE PRINTED ON The delay of the delow, no assignee deletion of this form is NO.	or agents OR, alternati (2) the name of a sing registered attorney or 2 registered patent attored listed, no name will be THE PATENT (print or ty data will appear on the pT a substitute for filing an (B) RESIDENCE: (CITY	vely, le firm (having as a agent) and the name rineys or agents. If a printed. pe) latent. If an assigner assignment. and STATE OR C	member a 2es of up to no name is 3ee is identified below, the country)	
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent) :	Individual Co	rporation or other private gr	oup entity Government
☐ Issue Fee ☐ Publication Fee (N ☐ Advance Order - a	to small entity discount p	ermitted)	☐ A check is enclosed. ☐ Payment by credit can ☐ The Director is hereby	rd. Form PTO-2038	is attached.	eficiency, or credit any
			☐ h Applicant is no lon	gar claiming SMAI	I ENTITY status See 27 C	PER 1 37(a)(2)
NOTE: The Issue Fee an	d Publication Fee (if requ	ired) will not be accepted	from anyone other than t	he applicant; a regis	stered attorney or agent; or t	he assignee or other party in
merest as snown by the i	records of the United Stat	les Patent and Trademark	Office.			
Authorized Signature				Date		<u> </u>
Typed or printed name	e			Registration N	0	
This collection of inform in application. Confident ubimiting the completed his form and/or suggesti 30x 1450. Alexandria, V Nlexandria, Virginia 223	d application form to the ons for reducing this bur irginia 22313-1450. DO	FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	on is required to obtain or in 1.14. This collection is est depending upon the indivention Office COMPLETED FORMS To	retain a benefit by the imated to take 12 noridual case. Any color, U.S. Patent and 7 D THIS ADDRESS	ne public which is to file (an annutes to complete, including amments on the amount of ti Frademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/841.025	04/24/2001	Judith Aronhime	1662/52602	6176	
26646 75	90 07/25/2006		EXAMINER		
KENYON & KEI	NYON LLP	CHANG, CELIA C			
ONE BROADWAY		ART UNIT	PAPER NUMBER		
NEW YORK, NY	10004		1625 DATE MAILED: 07/25/2006		

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.